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Article

**An Inquiry into The Interplay of Social Anxiety, Negative Core Belief, Quality Of
Life, And Depressive Symptomology: Exploring Contributory Factors in The
Context of Depressive Symptomatology**

¹Priyanka Singh, ^{2*}Dr. Garima Joshi

¹Student, Amity institute of Psychology and allied sciences, Amity University, Noida,
201301, India

²Assistant Professor, Amity institute of Psychology and allied sciences, Noida, 201301,
India

priyankasingh223345@gmail.com

Keywords: Quality of Life, Young Adults, Social Anxiety, Negative Core Beliefs, and
Depression Symptomatology.

Abstract

Background:

The study investigates the link between social anxiety, negative beliefs, quality of life, and depressive symptoms in young adults, focusing on healthy populations. It identifies potential depressive precursors and their interconnectedness, offering insights for early intervention strategies and resilience promotion.

Method:

The study investigates social anxiety, negative core beliefs, and depressive symptoms in a healthy young adult population using a cross-sectional design and convenience sampling. It uses tools like Beck's Depression Inventory, STABS, SF-12, and LSAS-SR to provide a nuanced understanding of subjective experiences.

Analysis :

Rigid statistical techniques would be employed to study the intricate connections between social anxiety, negative core beliefs, and depressive symptoms. Scales and models that would be used will examine interactions and the combined effects of multiple factors.

Results and Implications:

The study reveals that social anxiety and negative core beliefs significantly impact young adults' lives, leading to depressive symptoms and lower quality of life. The findings will guide interventions to enhance resilience and well-being in young people..

Introduction

The complex tapestry of contemporary society underscores the significance of mental well-being in young adults, who are undergoing significant transitions in education, career exploration, and interpersonal relationships. Social anxiety, negative core beliefs, and depression are prevalent issues affecting their mental wellbeing, impacting their quality of life.

Understanding these interplays is crucial for developing targeted interventions to enhance the overall well-being of this demographic. This research aims to unravel the intricate connections between social anxiety, negative core beliefs, and depression, identifying nuanced patterns and discerning the specific ways these mental health factors intertwine .

1.1 Understanding Social anxiety and Its Impacts

Social anxiety, also known as social phobia, is a persistent fear of being rejected or embarrassed in public situations. People with social anxiety believe that social situations are unsafe and may lead to rejection, loss of worth, and status. They may exhibit physical symptoms such as sweating, shaking, fast heartbeat, and trouble communicating. Clark & Wells' social phobia model suggests that individuals with social anxiety make preconceived notions and beliefs about how others perceive them in social situations.

The link between social anxiety, negative core beliefs, and depressive symptoms is well-studied. Understanding how these factors contribute to these symptoms is crucial for developing effective interventions and improving the overall well-being of individuals experiencing these challenges. Social anxiety disorder, a common mental health condition, impacts academic performance among university students and is influenced by factors such as social isolation, negative selfperception, and maladaptive coping mechanisms. Socially anxious individuals often struggle with job interviews, networking, workplace communication, professional relationships, advancement, and leadership roles.

Etkin and Wager's study on functional magnetic resonance imaging (fMRI) and other neuroimaging methods has contributed significantly to understanding human anxiety disorders. They found that patients with PTSD, social anxiety disorder, specific phobia, and fear conditioning showed greater activity in the amygdala and insula, linked to negative emotional responses.

1.2 Connection Between Social Anxiety and Negative Core Beliefs

Social anxiety and negative core beliefs are psychologically linked, often originating from genetic predispositions, learned behavior, and environmental factors. These beliefs affect attachment, self-esteem, and interpersonal relationships. Understanding this interplay requires examining cognitive-behavioural therapy and acceptance and commitment therapy. Social Anxiety Disorder (SAD) is characterized by negative self-beliefs, while Generalized Anxiety Disorder (GAD) is influenced by dysfunctional attitudes and broad self-focused beliefs.

1.3 Quality of life in the Context of Social anxiety

Social anxiety significantly impacts an individual's quality of life, affecting emotional well-being, social relationships, and functional abilities. Iranian college students with social phobia (SP) reported inferior quality of life, with 16.0% of children and 36.2% of SP students having significant impairments. Cognitive-behavioural group therapy has been associated with improvements in achievement and social functioning domains. Assessments of social anxiety may be influenced by underlying depressive symptoms, making it essential to address both social anxiety and depression to improve overall quality of life.

1.4 Relationship Between Depressive Symptoms and Social anxiety

The link between depressive symptoms and social anxiety is complex, influenced by chronic stress and isolation. Social anxiety can lead to depressive symptoms due to fear of negative judgment and avoidance of social situations, resulting in loneliness and despair. A study involving 476 students found that social anxiety and depression strongly predicted

Internet use disorder severity. Depressive symptoms can also cause heightened social anxiety, leading to a cycle of negative reinforcement and psychological distress. The study found that rumination variance was explained by the degree of depression and social anxiety, which in turn was connected with problematic smartphone use levels. Understanding these complex interactions is crucial for designing holistic treatment approaches for young adults facing multifaceted challenges.

1.5 Examining the Psychological Mechanisms Behind Social Anxiety and how Negative Core Beliefs plays a crucial role in the maintenance and exacerbation of social anxiety.

Social anxiety is primarily caused by negative beliefs, such as personal inadequacy, fear of rejection, and unworthiness. These beliefs can lead to social isolation and self-doubt.

Addressing these beliefs is crucial for treating social anxiety. Therapeutic interventions like cognitive-behavioural therapy can help individuals develop positive self-assessments and reduce anxiety. Real-time studies using smartphone technology can help predict social anxiety patterns. Research on social media use and anxiety in emerging adults can help develop tools to monitor usage patterns and target interventions effectively.

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Limitations

- These studies are primarily limited by their cross-sectional designs, restricting causal inferences and generalizability to diverse populations and cultural contexts

Methodology

Research on social anxiety disorder (SAD) reveals a strong correlation between cognitive processes and mental health outcomes. Individuals with SAD often have higher levels of negative automatic thoughts, which can worsen depression and social anxiety symptoms. Negative interpretations can dampen positive emotions, further contributing to psychological distress. Dysfunctional attitudes are linked to negative self-perceptions, while adaptive attitudes are linked to positive core beliefs. Understanding the relationship between fear and conditional beliefs can help understand how social anxiety symptoms arise and persist.

Aim

"An Inquiry into the Interplay of Social Anxiety, Negative Core Beliefs, Quality of Life, and Depressive Symptoms: Exploring Contributory Factors in the Context of Depressive Symptomatology"

Objective

Investigate the interrelationships among social anxiety, Negative core beliefs, Quality of life, and Depressive symptoms.

Explore how social anxiety and negative core beliefs impact the overall Quality of life in individuals.

Explore how Social anxiety and negative core beliefs impact the overall Quality of life in individuals

Hypothesis

- There will exist a significant interrelationship among social anxiety, negative core beliefs, quality of life, and depressive symptoms in individuals. Higher levels of social anxiety and the presence of negative core beliefs will be associated with a lower quality of life.

- There will exist a significant impact of social anxiety and negative core beliefs on the overall quality of life in individuals. Higher levels of social anxiety and a greater prevalence of negative core beliefs will be associated with a lower overall quality of life.

- In a healthy population, there will exist nuanced dynamic involvement in the context of depressive symptomatology related to social anxiety and negative core beliefs. The interplay between social anxiety, negative core beliefs, and overall quality of life will significantly contribute to variations in the manifestation and severity of symptoms. **Research**

Variables

Social anxiety.

Presence of negative core beliefs related to social situations

Depressive symptoms.

Quality of life.

Sample Description

The study consists of 125 young adults aged 18-25, college-going individuals, and 25-35, early career individuals. Convenience sampling was used to ensure equal participation across all age groups. The sample will be stratified by employment and education to capture diverse perspectives across different occupational fields. The inclusion criteria include young adults with varying levels of social anxiety, without a current diagnosis of depression or other mental health disorders, and falling in the 18-35 age range. This sampling design was chosen due to time constraints and larger population requirements.

Data Collection Instrument

- **Beck Depression Inventory-II:** Beck, Steer, & Garbin's self-report rating scale, popular in nonclinical groups, evaluates depression symptoms using 21 items. Higher scores indicate severe depression. The scale includes questions about mood, pessimism,

selfdissatisfaction, guilt, punishment-oriented thoughts, and suicide thoughts or wishes, ranging from 0 to 63.

• **Social Thoughts and Beliefs Scale:** This scale evaluates cognitive elements of social anxiety by analyzing beliefs about social interactions and professional performance. It consists of 21 items, each self-rated using a 5-point Likert scale.

Never Characteristic	Rarely Characteristic	Sometimes Characteristic	Often Characteristic	Always Characteristic
1	2	3	4	5

Social thoughts and belief scale, scoring.

the total range of score lies between 0-105, where higher score provides valuable insights into negative core beliefs and their impact on young adult's mental health.(Turner, Johnson, Beidel, Heiser, and Lydiard, 2003).

• **Liebowitz Social Anxiety Scale:** The Liebowitz Social Anxiety Scale (LSAS) is a self-report tool that assesses anxiety through two distinct subscales: Fear and Avoidance. The scores are determined by adding together the total Performance sub-score (12 items) and the total Social Interaction sub-score (12 items). The total score on the 24-item scale is rated as follows.

Fear	Avoidance
0 = None;	Never (0%)
1 = Mild;	Occasionally (1-33%)
2 = Moderate;	Often (33—67%)
3 = Severe	Usually (67—100%)



Liebowitz Social Anxiety Scale, Scoring

•Liebowitz's 1987 study on young adulthood uses the LSAS to evaluate social anxiety symptoms and their impact on social functioning. It examines negative core beliefs, quality of life, and depressive symptoms in early career professionals, emphasizing the significance of understanding these challenges.

•**Short Form-12 Health Survey:** The survey evaluates the quality of life for early career workers by assessing physical functioning, role constraints, energy levels, emotional wellbeing, and pain interference. It uses qualitative methods like semi-structured interviews and open-ended questionnaires to gather information about participants' experiences, coping mechanisms, and perceived stressors, providing a comprehensive understanding of early career workers' well-being.

Procedure

The study involved young adults from various disciplines and career backgrounds, with confidentiality of their data being maintained. Four survey forms were used, both online and inperson. Participants were informed of the study's purpose and methodology, and consent was obtained. Initial results were entered into Excel sheets, and raw scores were analysed using SPSS. Pearson Correlations and Regression Analysis were used to understand the relationship between variables. The results were tabulated, analysed, and interpreted.

Statistical Analysis

The study used SPSS version 23 and Pearson Correlation analysis to analyze the impact of resilience and interpersonal connectedness on young people's quality of life. It predicted the

relationship between social anxiety, negative core beliefs, and quality of life variables on depressive symptomology. Results showed that higher levels of social anxiety and negative core beliefs lead to worse overall quality of life. The interaction of these factors significantly influences symptoms' appearance and severity.

Results

Table 3.1: Correlational Analysis table

		Social anxiety	Negative Core Belief	Depression	Quality of life
Social Anxiety	PearsonCorrelation	1	.555**	.486**	.031
	Sig.(2-tailed)		<.001	<.001	.732
	N	124	124	124	124
Negative core belief	PearsonCorrelation	.555**	1	.596**	.027
	Sig.(2-tailed)	<.001		<.001	.769
	N	124	124	124	124
Depression	PearsonCorrelation	.486**	.596**	1	.030
	Sig.(2-tailed)	<.001	<.001		.741
	N	124	124	124	124
Quality of life	Pearson Correlation	.031	.027	.030	1
	Sig. (2-tailed)	.732	.769	.741	
	N	124	124	124	124

Correlation is significant at the 0.01 level(2-tailed).

Table 3.1 Correlational Analysis table

The study reveals a strong positive correlation between social anxiety and negative core beliefs among early-stage professionals, suggesting higher levels of anxiety may lead to more negative beliefs about identity and interactions. However, the relationship between social anxiety and quality of life is weak, suggesting it is not strongly associated with overall quality of life. Additionally, the correlation between depressive symptoms and quality of life is weak, indicating they are not substantially linked to overall quality of life

Table 3.2 a: Model Summary-regression analysis

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.596 ^a	.355	.349	11.56069
2	.624 ^b	.390	.380	11.28913

a. Predictors:(Constant), NCB

b. Predictors:(Constant), NCB, Social Anxiety

c. Dependent Variable: Depression

Model Summary -regression analysis

The study identifies two models for predicting depressive symptoms: Model 1 uses negative core beliefs (NCB) as the sole predictor, explaining 35.5% of the variation, and Model 2 includes social anxiety as a predictor, accounting for 39% of the variation. Both models have adjusted R² values of .349 and .380 respectively, reducing the standard error to 11.28913.

Table 3.2b: ANOVA -regression analysis

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	8963.553	1	8963.553	67.068	<.001 ^b
Residual	16305.245	122	133.650		

Total	25268.798	123			
2 Regression	9848.018	2	4924.009	38.637	<.001 ^c
Residual	15420.780	121	127.444		
Total	25268.798	123			

a. Dependent Variable: Depression

b. Predictors: (Constant), NCB c. Predictors: (Constant), NCB, SocialAnxiety

ANOVA -regression analysis

The regression model shows significant results with NCB as the predictor, while the model also shows significant results with both NCB and social anxiety, indicating that the addition of social anxiety significantly enhances the model's predictive power.

Table 3.2c: Coefficients -regression analysis

Model	Model B	Unstandardized Coefficients		Standardized Coefficients		Sig.
			Std. Error	Beta	t	
1	(Constant)	-12.310	3.839		-3.206	.002
	NCB	.545	.067	.596	8.189	<.001
2	(Constant)	-11.783	3.754		-3.139	.002
	NCB	.431	.078	.471	5.512	<.001
	SocialAnxiety	.107	.041	.225	2.634	.010

a. Dependent Variable: Depression

Coefficients -regression analysis

The study found a significant correlation between negative core beliefs (NCB) and depressive symptoms, with a .596-unit increase in symptoms for every unit increase in

negative beliefs. Additionally, both social anxiety and NCB showed a substantial relationship, indicating a significant relationship between these factors.

Table 3.2d: Residuals Statistics -regression analysis

	Minimum	Maximum	Mean	Std. Deviation	N
Predicted value	.1676	41.3645	17.9597	8.94792	124
Residual score	-	32.34373	.00000	11.19697	124
Std. Predicted value	-1.988	2.616	.000	1.000	124
Standard Residual	-2.277	2.865	.000	.992	124

a. Dependent Variable: Depression

Residual Statistics:

The regression model predicts the values of depression, with a range of 0.1676 to 41.3645, with an average of 17.959. The model's residuals represent the discrepancies between the actual and expected values. The mean residual is 0.00000, indicating a decent performance in predicting depression symptoms. However, the standard deviation of 11.19697 indicates variation in errors' magnitudes. The standardized values range from -1.988 to 2.616, while the standardized residual ranges from -2.277 to 2.865. A value of 0 indicates the observed value or residual is exactly at the mean, while positive values indicate values above the mean and negative values indicate values below the mean. Overall, the model performs well in predicting depression symptoms.

3.3 Moderation Analysis or Mediation Analysis

This study uses a hierarchical multiple regression analysis to investigate the relationship between depressive symptoms, social anxiety, and negative core beliefs. The aim is to

determine if the presence of another variable mitigates the association. The PROCESS macro in SPSS will be used for mediation analysis. The research aims to determine if quality of life mediates the link between depressive symptoms and social anxiety/negative core beliefs.

Table3.3a: Descriptive Statistics for moderation analysis

	Mean	Std. Deviation	Number
Zscore (Depression)	.0000000	1.00000000	124
Zscore (Social Anxiety)	.0000000	1.00000000	124
Zscore (NCB)	.0000000	1.00000000	124
Zscore (QOL)	.0000000	1.00000000	124
NBC x Depression x QOL	.1259	2.03952	124

The data analysis shows that participants' scores for depression, social anxiety, negative core beliefs, and quality of life are around the population mean. The interaction between these variables is slightly positive, but substantial variability exists across the sample. The sample size remains 124, and although there is some individual variation, the overall trend is positive. **Table3.3b: analysis for moderation analysis**

	Zscore (Depression)	Zscore (Social Anxiety)	Zscore (NCB)	Zscore (QOL)	
Pearson	Zscore (Depression)	1.000	.486	.596	.030
Correlation	Zscore (Social Anxiety)	.486	1.000	.555	.031
	Zscore (NCB)	.596	.555	1.000	.027

	Zscore (QOL)	.030	.031	.027	1.000
	NBC x Depression x QOL	.193	.154	.171	.184
Sig. (1-tailed)	Zscore (Depression)	.	<.001	<.001	.370
	Zscore (Social Anxiety)	.000	.	.000	.366
	Zscore (NCB)	.000	.000	.	.385
N	Zscore (QOL)	.370	.366	.385	.
	NBC x Depression x QOL	.016	.044	.028	.021
	Zscore(Depression)	124	124	124	124
	Zscore(Social Anxiety)	124	124	124	124
	Zscore (NCB)	124	124	124	124
	Zscore (QOL)	124	124	124	124
	NBC x Depression x QOL	124	124	124	124

The study found a moderately positive connection between depression and social anxiety, with higher levels of social anxiety correlated with higher depression. Depression and negative core beliefs have a high positive association, while quality of life has a weak positive association. The interaction effect suggests that higher depression and social anxiety co-occur with more negative beliefs, with less pronounced impact on quality of life.

Table3.3c: Correlations for moderation analysis

NBC x Depression x QOL

PearsonCorrelation	Zscore (Depression)	.193
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	Zscore (Social Anxiety)	.154
	Zscore (NCB)	.171
	Zscore (QOL)	.184
	NBC x Depression x QOL	1.000
Sig.(1-tailed)	Zscore (Depression)	.016
	Zscore (Social Anxiety)	.044
	Zscore (NCB)	.028
	Zscore (QOL)	.021
	NBC x Depression x QOL	.
No. of Sample	Zscore (Depression)	124
	Zscore (Social Anxiety)	124
	Zscore (NCB)	124
	Zscore (QOL)	124
	NBC x Depression x QOL	124

The study reveals a moderate positive correlation between negative core beliefs, depression, and quality of life, indicating that as the interaction increases, so does depression. A weaker positive correlation exists between social anxiety and negative core beliefs, while a positive correlation exists between the interaction term and quality of life, suggesting a slight improvement.

Table3.3d: Model Summary for moderation analysis

Model	R	R Square	Adjusted RSquare	Std. Error of the Estimate
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1	.629 ^a	.396	.376	.79010316
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a. Predictors: (Constant), NBC x Depression x QOL, Zscore(SocialAnxiety), Zscore(QOL), Zscore(NCB) b. Dependent Variable: Zscore(Depression)

The model shows a positive correlation between predictors and the dependent variable, Z-score Depression. The independent factors account for 39.6% of the variability in the dependent variable. The adjusted R Square value is 0.376, indicating the model's effectiveness. The standard error of the estimate represents the average difference between observed and predicted values, with a value of around 0.79010316. The model effectively explains the variation in depression ratings based on the data.

Table3.3e: ANOVA for moderation analysis

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	48.713	4	12.178	19.508	<.001 ^b
	Residual	74.287	119	.624		
	Total	123.000	123			

a. Dependent Variable: Zscore(Depression) b. Predictors: (Constant), NBC x Depression x QOL, Zscore(SocialAnxiety), Zscore(QOL), Zscore(NCB)

According to the ANOVA table,

Regression:

The regression model, with 123,000 squares and 123 degrees of freedom, has a mean square of 12.178 and a significance level of less than .001, with independent variables significantly predicting the dependent variable.

Table 3.3f: Coefficients moderation analysis

Model	Unstandardized		Standardized		Sig.
	Coefficients		Coefficients		
	B	Std. Error	Beta	t	
1 (Constant)	-.005	.071		-.071	.944
Z-score (Social Anxiety)	.218	.086	.218	2.540	.012
Z-score (NCB)	.461	.086	.461	5.348	<.001
Z-score (QOL)	-.004	.072	-.004	-.055	.956
NBC x Depression x QOL	.040	.036	.081	1.105	.271

a. Dependent Variable: Z-score(Depression)

The regression model reveals that social anxiety, NCB, QOL, and NBC significantly impact depression, with coefficients of 0.218, 0.461, -0.004, 0.072, and 0.956 respectively. These coefficients provide insights into the relationship between social anxiety, NCB, QOL, and depression, after adjusting for other factors.

Table 3.3g: Coefficients for moderation analysis

	Minimum	Maximum	Mean	Std. Deviation	N
Predicted Value	-1.3025330	1.8724597	.0000000	.62931568	124

Residual	-1.75962448	2.29378629	.00000000	.77714977	124
Std. Predicted Value	-2.070	2.975	.000	1.000	124
Std. Residual	-2.227	2.903	.000	.984	124

a. Dependent Variable: Z-score(Depression)

The regression model accurately predicts values with regular normalization and spread patterns, grouping tightly around the mean. The estimated amount, residuals, and projected values have a mean of 0.0000, with a range of -1.3025 to 1.8725. The standard deviation of expected and residual values indicates dispersion around the mean, with a larger range indicating greater prediction accuracy. The model's performance appears consistent throughout the dataset, enabling comparisons across scales.

Discussion

The correlation matrix in Table 4:3b provides valuable insights into the relationships between depression, social anxiety, negative core beliefs (NCB), and quality of life (QOL) among participants. A strong positive correlation between depression and social anxiety confirms that these constructs often coexist, possibly due to shared psychological mechanisms or common environmental stressors. A strong positive correlation between depression and negative core beliefs highlights the close association between these constructs, with individuals with higher levels of depression tending to harbour more negative core beliefs about themselves and the world around them.

Negative self-perceptions increase depression sensitivity, with a significant association between neurochemical balance (NCB) and depressed symptoms. Research suggests that higher levels of social anxiety and negative affectivity are linked to higher health symptoms and lower life satisfaction, negatively impacting QoL. Further research is needed to explore potential moderating factors, such as coping mechanisms, professional position, or resource availability for effective anxiety management.

Social anxiety significantly impacts depressive symptoms, leading to social distancing and avoidance behaviours, which can persist and intensify depression symptoms. Addressing negative fundamental beliefs is crucial for improving life quality and accomplishment. Social anxiety also plays a significant role in depression, with a stronger direct effect on depressive symptoms than NCB.

A multi-pronged strategy is needed to treat and support depressed patients, considering both contextual and external circumstances. Cognitive-behavioural therapies can help address

these issues, targeting both ingrained negative beliefs and social anxiety avoidance.

Multimodal therapy strategies can help lower depressed symptoms and guide preventive measures for earlystage professionals, tailoring approaches to their specific demands and stressors.

Conclusion

The dissertation "An Inquiry Into The Interplay Of Social Anxiety, Negative Core Beliefs, Quality Of Life, And Depressive Symptoms: Exploring Contributory Factors In The Context Of Depressive Symptomatology" explores the complex interrelationships among various psychological constructs and their impact on early-stage professionals. Through a comprehensive analysis of correlations, regression, and t-test results, the study provides valuable insights into the nuanced dynamics seem between social anxiety, negative core beliefs (NCB), quality of life (QOL), and depressive symptoms within this population.

The correlation matrix revealed meaningful associations between the psychological constructs under investigation, indicating that individuals experiencing higher levels of social anxiety are likely to also have more negative core beliefs and elevated depressive symptoms. The regression analysis further supported these findings by demonstrating the significant contributions of social anxiety and negative core beliefs in predicting depressive symptomatology.

The study concludes that social anxiety and negative core beliefs significantly impact depressive symptoms and, to some extent, quality of life in individuals. The interplay between these psychological constructs contributes to variations in symptom manifestation and severity, highlighting the complexity of mental health outcomes. Future research could

explore potential moderating factors, intervention strategies to mitigate the adverse effects of social anxiety and negative core beliefs on depressive symptoms and overall quality of life.

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